

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X	:	
UNITED STATES OF AMERICA,	:	
	:	
	:	20 Cr. 496 (LGS)
-against-	:	
	:	<u>ORDER</u>
CHRISTOPHER MORALES,	:	
Defendant,	:	
-----X	:	

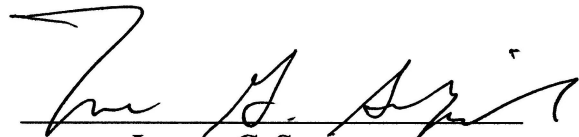
LORNA G. SCHOFIELD, District Judge:

WHEREAS an evidentiary hearing is currently scheduled for March 14, 2022, at 11:30 a.m.

WHEREAS the Court has been informed that Mrs. Kathy Martinez will be called as a testifying witness at the evidentiary hearing. It is hereby

**ORDERED** that the parties shall appear for conference on **March 14, 2022, at 10:00 a.m.** prior to the hearing. The party calling Mrs. Martinez as a witness shall arrange for Mrs. Martinez's appearance at this conference to discuss the possible appointment of counsel to represent her during the hearing. Attached is a financial affidavit for her to complete in advance.

Dated: March 11, 2022  
New York, New York

  
\_\_\_\_\_  
**LORNA G. SCHOFIELD**  
**UNITED STATES DISTRICT JUDGE**

# FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE

IN THE UNITED STATES ☐ DISTRICT COURT ☐ COURT OF APPEALS ☐ OTHER (Specify below)  
IN THE CASE OF

\_\_\_\_\_  
v. \_\_\_\_\_  
\_\_\_\_\_

FOR \_\_\_\_\_  
AT \_\_\_\_\_

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

CHARGE/OFFENSE (describe if applicable & check box→)

☐ Felony  
☐ Misdemeanor

- 1 ☐ Defendant - Adult  
2 ☐ Defendant - Juvenile  
3 ☐ Appellant  
4 ☐ Probation Violator  
5 ☐ Supervised Release Violator  
5 ☐ Habeas Petitioner  
7 ☐ 2255 Petitioner  
8 ☐ Material Witness  
9 ☐ Other (Specify) \_\_\_\_\_

DOCKET NUMBERS

Magistrate Judge

District Court

Court of Appeals

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

INCOME & ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self-Employed														
		Name and address of employer: _____														
		<b>IF YES</b> , how much do you earn per month? \$ _____ <b>IF NO</b> , give month and year of last employment? _____ How much did you earn per month? \$ _____														
		If married, is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No														
		<b>IF YES</b> , how much does your spouse earn per month? \$ _____ If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$ _____														
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No															
	<table><thead><tr><th></th><th>RECEIVED</th><th>SOURCES</th></tr></thead><tbody><tr><td><b>IF YES</b>, give the amount received and identify the sources</td><td>\$ _____</td><td>_____</td></tr><tr><td></td><td>\$ _____</td><td>_____</td></tr><tr><td></td><td>\$ _____</td><td>_____</td></tr></tbody></table>			RECEIVED	SOURCES	<b>IF YES</b> , give the amount received and identify the sources	\$ _____	_____		\$ _____	_____		\$ _____	_____		
	RECEIVED	SOURCES														
<b>IF YES</b> , give the amount received and identify the sources	\$ _____	_____														
	\$ _____	_____														
	\$ _____	_____														
CASH	Do you have any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES</b> , total amount? \$ _____															
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No															
	<table><thead><tr><th></th><th>VALUE</th><th>DESCRIPTION</th></tr></thead><tbody><tr><td><b>IF YES</b>, give value and description for each</td><td>\$ _____</td><td>_____</td></tr><tr><td></td><td>\$ _____</td><td>_____</td></tr><tr><td></td><td>\$ _____</td><td>_____</td></tr><tr><td></td><td>\$ _____</td><td>_____</td></tr></tbody></table>			VALUE	DESCRIPTION	<b>IF YES</b> , give value and description for each	\$ _____	_____		\$ _____	_____		\$ _____	_____		\$ _____
	VALUE	DESCRIPTION														
<b>IF YES</b> , give value and description for each	\$ _____	_____														
	\$ _____	_____														
	\$ _____	_____														
	\$ _____	_____														

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS ____ Single ____ Married ____ Widowed ____ Separated or Divorced	Total No. of Dependents ____	List persons you actually support and your relationship to them _____ _____ _____														
	DEBTS & MONTHLY BILLS (Rent, utilities, loans, charge accounts, etc.)	<table><thead><tr><th>DESCRIPTION</th><th>TOTAL DEBT</th><th>MONTHLY PAYMENT</th></tr></thead><tbody><tr><td>_____</td><td>\$ _____</td><td>\$ _____</td></tr><tr><td>_____</td><td>\$ _____</td><td>\$ _____</td></tr><tr><td>_____</td><td>\$ _____</td><td>\$ _____</td></tr><tr><td>_____</td><td>\$ _____</td><td>\$ _____</td></tr></tbody></table>			DESCRIPTION	TOTAL DEBT	MONTHLY PAYMENT	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____
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_____	\$ _____	\$ _____																
_____	\$ _____	\$ _____																
_____	\$ _____	\$ _____																
_____	\$ _____	\$ _____																

I certify under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

Date

FD/CJA/RET. ATTORNEY (PRINT)



APPROVED



DENIED

ASSISTANT UNITED STATES ATTORNEY (PRINT)

SIGNATURE OF JUDICIAL OFFICER

DATE